
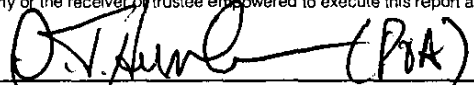


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90212 020 \*\*\*\*50.00

<b>DOCUMENT # L98000002743</b>					
<b>1. Entity Name</b> ARIZONA '98, L.L.C.					
<b>Principal Place of Business</b> 154 BAYWIND DRIVE NICEVILLE, FL 32578			<b>Mailing Address</b> 154 BAYWIND DRIVE NICEVILLE, FL 32578		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4502 East Highway 20			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Suite A City & State Niceville, FL			
Zip	Country	Zip	Country	32578 U.S.	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
Name PERRI, DANIEL C 5 CLIFFORD DRIVE, SUITE 12 SHALIMAR, FL 32579				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS:</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete KLAM, ROLF 154 BAYWIND DRIVE NICEVILLE, FL 32578				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>  (PRA)				Date: 2/4/04 Daytime Phone #: 850-497-4333	

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01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3545678 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required